MAY 13 1935

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

File No. 14553
Registered No. 3386

Registration District No. 791
Primary Registration District No. 1003

1. PLACE OF DEATH

County
Township
City St. Louis, Mo. (No. St. Anthony Hospital St. Ward)

2. FULL NAME Anna M. Strudell 3386

(a) Residence, No. 4128 Juniata Street St., 16 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Fred Strudell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): October 18, 1859

7. AGE: Years 75 | Months 5 | Days 24 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis, Missouri

FATHER

13. NAME: Jacob Blaetz
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Katherine Garbe
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Kathrine G. Hanish, 4053 Connecticut Street

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Sunset DATE: April 15, 1935

19. UNDERTAKER (ADDRESS): Ulrich Bros, 2201 S. Grand Boulevard

20. FILED: APR 14 1935 J. Bullock Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from Mch 25, 1935, to Apr 12, 1935
I last saw her alive on Apr 11, 1935. Death is said to have occurred on the date stated above, at 7:15 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cholecystitis with stones	
acute septic	
with perforation	930

Other contributory causes of importance:
Myocarditis chronic
Arteriosclerosis

Name of operation: Cholecystotomy Date of: Apr. 7 35
What test confirmed diagnosis? post. m. Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. S. Bernard, M. D.
(Address) 3115 So Grand

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Mr. [illegible]
3115 S. Grand
(Beckman Bldg)
10 – 11 A.M.